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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/967045</td> </tr> <tr> <td>Filing Date</td> <td>10/10/2002</td> </tr> <tr> <td>First Named Inventor</td> <td>Kraehenbuehl et al.</td> </tr> <tr> <td>Title</td> <td>On-Line Reinsurance ...</td> </tr> <tr> <td>Art Unit</td> <td>3691</td> </tr> <tr> <td>Examiner Name</td> <td>Bijendra K. Shrestha</td> </tr> <tr> <td>Attorney Docket Number</td> <td>ER1-0016US</td> </tr> </table>		Application Number	09/967045	Filing Date	10/10/2002	First Named Inventor	Kraehenbuehl et al.	Title	On-Line Reinsurance ...	Art Unit	3691	Examiner Name	Bijendra K. Shrestha	Attorney Docket Number	ER1-0016US										
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I hereby appoint: <div style="display: flex; align-items: center; margin-top: 5px;"> <input checked="" type="checkbox"/> Practitioner at Customer Number:                 <div style="border: 1px solid black; padding: 5px; margin-left: 10px; flex-grow: 1;">29150</div> </div>																											
OR Practitioner(s) named below: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>				Name	Registration Number																						
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.																											
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I am the: <div style="display: flex; align-items: center; margin-top: 5px;"> <input type="checkbox"/> Applicant/Inventor.                 <div style="margin-left: 10px;"> <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.                      Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)                 </div> </div>																											
SIGNATURE of Applicant or Assignee of Record																											
Name	Donat Bischof																										
Signature	<i>D. Bischof</i>																										
Date	April 14, 2003		Telephone +41 43 285 2235																								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.																											
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